## Case 19-16929-amc Doc 19 Filed 12/05/19 Entered 12/05/19 14:12:55 Desc Main Document Page 1 of 2

Fill in this info	rmation to id	entify your case:								
Debtor 1	April	L.	Anderso	1						
200001	First Name	Middle Name	Last Name	-	Che	ck if this is:				
Debtor 2	First Name	Middle Name	Last Name		—   <del> </del>	An amended filing				
(Spouse, if filing)				LVANIA		A supplement showing postpetition				
United States Bar Case number	nkruptcy Court fo 19-16929A		IST. OF PENNSYLVANIA			chapter 13 income as of the following date				
(if known)	10 100207			<del>-</del>		MM / DD / YYYY				
Official Form	1061									
Schedule I: Y	our Incom	е				12/15				
responsible for sup include information about your spouse. your name and case	plying correct in about your spo If more space	nformation. If you are use. If you are separ is needed, attach a se wn). Answer every c	e married and not fated and your spo eparate sheet to the	iling jointly use is not f	, and your iling with y	l Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write				
Fill in your empinformation.	ployment		Debtor 1			Debtor 2 or non-filing spouse				
If you have more		Employment status								
job, attach a sep with information	parate page	Employment status	<ul><li>✓ Employed</li><li>✓ Not employed</li></ul>	ed		☐ Employed ☐ Not employed				
additional emplo	oyers.	Occupation	Supervisor							
Include part-time										
or self-employed	d work.	Employer's name	Devereux Fpui	ndation						
	cupation may include dent or homemaker, if it blies.  Employer's address  Employer's address  Mumber Street				Number Street					
			Min and Brown of	- D4	40400					
			King of Prussi	a PA State	<b>19406</b> Zip Code	City State Zip Code				
		How long employed to	•		•					
		low long employed to			_					
Part 2: Give	Details Abo	ut Monthly Incom	е							
Estimate monthly in non-filing spouse unl			n. If you have noth	ng to report	for any line	, write \$0 in the space. Include your				
	• .	more than one employ ate sheet to this form.	er, combine the info	rmation for	all employe	rs for that person on the lines below. If				
	·			For D	ebtor 1	For Debtor 2 or non-filing spouse				
		ary, and commissions nonthly, calculate what		2.	\$5,410.00					
3. Estimate and li	st monthly over	time pay.		3. +	\$0.00					
4. Calculate gross	s income. Add	line 2 + line 3.		4.	\$5,410.00					

Official Form 106l Schedule I: Your Income page 1

Debt	or 1	April L. Anderson		Case nun	nbe	r (if known)	19	-169	29AMC13
				For Debtor 1		or Debtor on-filing s		<u> </u>	
	Copy line 4 here			\$5,410.00					
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$1,345.00					
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00					
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00					
	5d.	Required repayments of retirement fund loans	5d.	\$0.00					
	5e.	Insurance	5e.	\$145.00					
	5f.	Domestic support obligations	5f.	<u>\$0.00</u>					
	5g.	Union dues	5g.	\$0.00					
	5h.	Other deductions. Specify:	5h. <b>-</b>	\$0.00					
		dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.		\$1,490.00					
		culate total monthly take-home pay. Subtract line 6 from line 4.		\$3,920.00					
		all other income regularly received:							
	ва.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00					
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b.	Interest and dividends	8b.	\$0.00					
		Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00					
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d.	Unemployment compensation	8d.	\$0.00					
	8e.	Social Security	8e.	\$0.00					
	8f.	Other government assistance that you regularly receive							
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
	Specify:		8f.	\$0.00					
	8g.	Bg. Pension or retirement income		\$0.00					
	8h. Other monthly income.  Specify: Estimated Prorated IRS Refund								
			8h. 🚜	\$267.00					
9.	Add	<b>all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$267.00					
		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$4,187.00	+			]=[	\$4,187.00
		e all other regular contributions to the expenses that you list in S	chedu	ıle .l					
	Inclu	de contributions from an unmarried partner, members of your househ ds or relatives.			r ro	ommates, a	and ot	her	
	Do n	ot include any amounts already included in lines 2-10 or amounts tha	t are r	not available to pay e	:xpe	enses listed	l in Sc	hed	ule J.
	Spec	cify:			—		11.	+	\$0.00
	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information,					12.		\$4,187.00 Combined	
		applies. you expect an increase or decrease within the year after you file the	nie fo	rm?					nonthly income
13.			:	—					
		No. Yes. Explain:							